

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. **09 / 744804** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
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44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
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97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS